

HOT TOPICS 2017

Tuesday, April 25, 2017
9:30 a.m. to 3:00 p.m.

University of Maryland College Park
4128 Valley Drive
College Park, MD 20742
Eppley Recreation Center – 2nd Floor

AGENDA

- | | |
|--------------------------|---|
| 9:00 a.m. to 9:30 a.m. | Check-In |
| 9:30 a.m. to 9:35 a.m. | Introductions |
| 9:35 a.m. to 10:30 a.m. | Child Protective Services Background Clearance Process Update
<i>Steve Berry</i>
<i>Department of Human Resources</i>
<i>Child Protective Services</i> |
| 10:30 a.m. to 11:30 a.m. | Medication Administration
<i>Linda Rudie, LEHS</i>
<i>Section Head, Western Region</i>
<i>Center for Healthy Homes and Community Services</i> |
| 11:30 a.m. to 12:00 p.m. | Emergency Epinephrine
<i>Tommy McKenzie, LEHS, REHS/RS, MPH</i>
<i>Chief</i>
<i>Center for Healthy Homes and Community Services</i> |
| 12:00 p.m. to 1:00 p.m. | Lunch (on your own) |
| 1:00 p.m. to 1:30 p.m. | Transportation, Unlicensed Camps, and CJIS Update
<i>Tommy McKenzie, LEHS, REHS/RS, MPH</i>
<i>Chief</i>
<i>Center for Healthy Homes and Community Services</i> |

1:30 p.m. to 2:00 p.m.

**2016 Fee Change, Good Standing, Online
Annual Reports, and Water Safety Rescuer
Memo**

*Nicole Alonge-Smart, LEHS
Western Regional
Center for Healthy Homes and Community Services*

2:00 p.m. to 2:20 p.m.

Inspection Highlights from 2016

*Michael McNeely, LEHS
Eastern Regional
Center for Healthy Homes and Community Services*

2:20 p.m. to 2:40 p.m.

**New Inspection Process and Self-Regulated
Application and Inspection Process**

*Brian Flynn, LEHS
Section Head, Eastern Region
Center for Healthy Homes and Community Services*

2:40 p.m. to 3:00 p.m.

Question and Answer Period

*Tommy McKenzie, LEHS, REHS/RS, MPH
Chief
Center for Healthy Homes and Community Services*

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE ZIPCODE		
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE

MEDICATION ADMINISTRATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

[illegible]

KEEP FOR 3 YEARS

MEDICATION FINAL DISPOSITION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. FINAL DISPOSITION OF MEDICATION	
Child's Name:	Date of Birth:
Medication Name:	Final Disposition: <input type="checkbox"/> Returned (Complete Section A) <input type="checkbox"/> Destroyed (Complete Section B)
Section A	
MEDICATION RETURNED TO (NAME)	DATE
MEDICATION RETURNED BY (PERSON'S SIGNATURE)	DATE
Section B	
The above indicated medication was not retrieved by the parent/guardian or authorized individual within 1 week of the camper leaving camp; therefore, it has been destroyed according to COMAR 10.16.07.14.	
SIGNATURE OF PERSON RESPONSIBLE FOR DESTROYING MEDICATION	DATE
SIGNATURE OF PERSON WITNESSING THE DESTRUCTION OF THE MEDICATION	DATE

KEEP FOR 3 YEARS

YOUTH CAMP MEDICATION ADMINISTRATION CERTIFICATE HOLDER APPLICATION

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 8417

I. APPLICANT			
CAMP APPLICANT NAME		CAMP NAME	CAMP LICENSE NUMBER
APPLICANT'S MAILING ADDRESS		APPLICANT'S WORK PHONE	
CITY	STATE	ZIP CODE	APPLICANT'S CELL PHONE
APPLICANT'S EMAIL			
II. AGE			
ARE YOU AN ADULT, AS DEFINED IN COMAR 10.16.07 AND 10.16.07?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
III. TRAINING COURSE			
A) HAVE YOU SUCCESSFULLY COMPLETED A MEDICATION ADMINISTRATION COURSE APPROVED BY THE DEPARTMENT?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
B) NAME OF APPROVED COURSE			
C) HAVE YOU ATTACHED A COPY OF YOUR COMPLETION CERTIFICATE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
V. APPLICANT'S SIGNATURE			
<p>I have carefully examined and read this application and when operating, agree to comply with all applicable laws and COMAR 10.16.06 and 10.16.07 of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in suspension or revocation of my certificate. <i>If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.</i></p>			
X _____		DATE _____	
APPLICANT'S SIGNATURE			
FOR INTERNAL USE ONLY (Do Not Write Below This Line)			
TRACKING #: _____			
<input type="checkbox"/> APPROVED			
<input type="checkbox"/> DENIED Reason: _____			
X _____		DATE _____	
CHHCS CHIEF'S SIGNATURE			

YOUTH CAMP MEDICATION ADMINISTRATION COURSE APPLICATION

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 8417

I. APPLICANT INFORMATION			
APPLICANT'S NAME			
APPLICANT'S MAILING ADDRESS			APPLICANT'S WORK PHONE
CITY	STATE	ZIP CODE	APPLICANT'S CELL PHONE
APPLICANT'S EMAIL			
II. BUSINESS INFORMATION			
BUSINESS NAME			
BUSINESS MAILING ADDRESS		CITY	STATE ZIP CODE
NAME OF TRAINING			
III. INSTRUCTOR CREDENTIALS (FOR EACH ADDITIONAL INSTRUCTOR SUBMIT INFORMATION ON ANOTHER SHEET OF PAPER)			
INSTRUCTOR'S NAME			
WHICH LICENSE TYPE DO YOU HOLD? <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> CERTIFIED NURSE PRACTITIONER			
LICENSE NUMBER:			
IV. WRITTEN MATERIALS			
SUBMIT COPIES OF THE FOLLOWING FOR REVIEW: A) Training manual B) All handouts B) All presentations C) All exams D) Certificate issued to student upon completion			
V. APPLICANT'S SIGNATURE			
I have carefully examined and read this application and when teaching, agree to comply with all applicable laws and COMAR 10.16.06 and 10.16.07 of the State of Maryland regarding routine medication, except for insulin, at youth camps. I understand that providing false information on this application or violating, Maryland Health-General Code Annotated Title 13, Subtitle 7; Title 14, Subtitle 4; or any regulation adopted by the Department under these subtitles may result in suspension or revocation of my course approval. If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.			
X _____ APPLICANT'S SIGNATURE		_____ DATE	
FOR INTERNAL USE ONLY (Do Not Write Below This Line)			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Reason: _____		TRACKING #: _____	
X _____ EHB DIRECTOR'S SIGNATURE		_____ DATE	



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

INTERPRETIVE MEMORANDUM

Date: January 25, 2017

To: MD Youth Camp Operators

From: Joseph T. McKenzie, III, LEHS, REHS/RS, MPH, Chief
Center for Healthy Homes and Community Services

Re: **REVISED POLICY: COMAR 10.16.07.14, Medications (Sunscreen)**

THIS MEMORANDUM SUPERSEDES ALL PREVIOUS INTERPRETIVE MEMORANDA REGARDING SUNSCREEN.

Appropriate sunscreen use is important to prevent skin damage and skin cancer in children. The Department encourages the appropriate use of sunscreen during summer activities. At the same time, sunscreen can cause allergic reactions in a small number of children, and parents may wish to be involved in decisions regarding sunscreen use for their children.

1. The Center for Healthy Homes and Community Services no longer considers sunscreen a medication requiring a prescriptive order.
2. Camps shall obtain authorization from the parent/guardian before applying sunscreen at camp. The authorization shall include the camper's name, the parent or guardian's signature, the date signed, the brand of sunscreen and whether staff may assist the camper in the application of the sunscreen.
3. Camps should encourage parents/guardians to provide sunscreen. Camps are also permitted to provide sunscreen with approval by parents/guardians.
4. Parents/guardians should be encouraged to apply sunscreen to their child before the child attends camp for the day.

This policy is now in effect. Questions may be directed to the Office Help Line toll-free at 1-866-703-3266.

Cc: Claire Pierson, Assistant Attorney General
Sabita Persaud, PhD, RN, APHN-BC, Maryland Board of Nursing

201 W. Preston Street, Baltimore, Maryland 21201
410-767-6742 • Fax 410-333-5995

Environmental Health Bureau

6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202
410-767-8400 • Fax 410-333-8931

Toll Free 1-877-4MD-DHMH
TTY for Disabled Maryland Relay Service 1-800-735-2258
Web Site: <http://phhp.dhmh.maryland.gov>

EMERGENCY EPINEPHRINE CERTIFICATE HOLDER APPLICATION

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 8417

I. YOUTH CAMP OPERATOR			
CAMP OPERATOR NAME		CAMP NAME	CAMP LICENSE NUMBER
OPERATOR'S MAILING ADDRESS		OPERATOR'S WORK PHONE	
CITY	STATE	ZIP CODE	OPERATOR'S CELL PHONE
OPERATOR'S EMAIL			
II. AGE			
ARE YOU AT LEAST 18 YEARS OLD?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
III. TRAINING COURSE			
A) HAVE YOU SUCCESSFULLY COMPLETED AN EMERGENCY EPINEPHRINE EDUCATIONAL TRAINING PROGRAM APPROVED BY THE DEPARTMENT?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
B) NAME OF APPROVED TRAINING COURSE			
C) HAVE YOU ATTACHED A COPY OF YOUR TRAINING CERTIFICATE?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IV. WRITTEN POLICY			
DOES THE ATTACHED COPY OF YOUR WRITTEN POLICY INCLUDE THE FOLLOWING:			
A) Your Designated Agents?			
B) The Name of the Approved Training Program?			
C) Procedures to:			
1) Store emergency auto-injectable epinephrine?			
2) Notify parent or guardian that emergency auto-injectable epinephrine is available at camp?			
3) Maintain the emergency auto-injectable epinephrine in a secure manner?			
4) Report the use of emergency auto-injectable epinephrine according to COMAR 10.16.07.06?			
5) Train the emergency epinephrine certificate holder and agent(s) annually?			
6) Maintain documentation of training for emergency epinephrine certificate holder and agent(s) for 3 years?			
V. OPERATOR'S SIGNATURE			
<p>I have carefully examined and read this application and when operating, agree to comply with all applicable laws and COMAR 10.16.06 and 10.16.07 of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in suspension or revocation of my certificate. If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.</p>			
X _____		DATE _____	
APPLICANT'S SIGNATURE			
FOR INTERNAL USE ONLY (Do Not Write Below This Line)			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	TRACKING #: _____
X _____		DATE _____	
CHHCS CHIEF'S SIGNATURE			

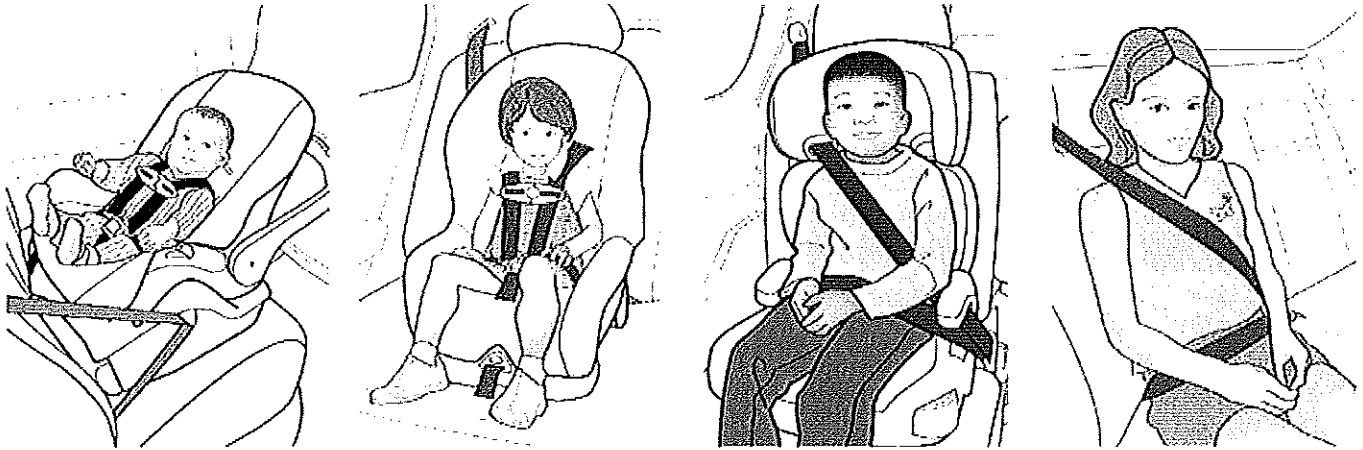
EMERGENCY EPINEPHRINE TRAINING PROGRAM APPLICATION

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
6 St. Paul Street, Suite 1301
Baltimore, Maryland 21202-1608
(410) 767-8417 FAX (410) 333-8926
Toll Free 1-877-4MD-DHMH ext. 8417

I. APPLICANT INFORMATION			
APPLICANT'S NAME			
APPLICANT'S MAILING ADDRESS			APPLICANT'S WORK PHONE
CITY	STATE	ZIP CODE	APPLICANT'S CELL PHONE
APPLICANT'S EMAIL			
II. BUSINESS INFORMATION			
BUSINESS NAME			
BUSINESS MAILING ADDRESS		CITY	STATE ZIP CODE
NAME OF TRAINING			
III. INSTRUCTOR CREDENTIALS (FOR EACH ADDITIONAL INSTRUCTOR SUBMIT INFORMATION ON ANOTHER SHEET OF PAPER)			
INSTRUCTOR'S NAME			
WHICH LICENSE TYPE DO YOU HOLD?			
<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> CERTIFIED NURSE PRACTITIONER			
LICENSE NUMBER:			
IV. WRITTEN MATERIALS			
SUBMIT COPIES OF THE FOLLOWING FOR REVIEW:			
A) Training manual, to include all requirements list in COMAR 10.16.07.15D B) All handouts B) All presentations C) All exams D) Certificate issued to student upon completion			
V. APPLICANT'S SIGNATURE			
I have carefully examined and read this application and when teaching, agree to comply with all applicable laws and COMAR 10.16.07 of the State of Maryland regarding emergency epinephrine at youth camps. I understand that providing false information on this application or violating, Maryland Health-General Code Annotated Title 13, Subtitle 7; Title 14, Subtitle 4; or any regulation adopted by the Department under these subtitles may result in suspension or revocation of my course approval. <i>If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.</i>			
X _____		DATE _____	
APPLICANT'S SIGNATURE			
FOR INTERNAL USE ONLY (Do Not Write Below This Line)			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED Reason: _____ TRACKING #: _____	
X _____		DATE _____	
EHB DIRECTOR'S SIGNATURE			

Maryland's Child Passenger Safety Law

(Effective October 1, 2013)



- **Every child** under 8 years old must ride in an appropriate child restraint* unless the child is 4 feet, 9 inches or taller.
- **Every child** from 8 to 16 years old who is not secured in a child restraint must be secured in a vehicle seat belt.

* "Child restraint" includes car seats, booster seats, or other federally approved safety devices.

Protect your children as they ride!

Children under 13 years old should ride in the back seat.

The back seat is the safest.

Questions?

Call Maryland Kids In Safety Seats (KISS)

at 1-800-370-SEAT or (410) 767-6016,

e-mail: dhmh.kiss@maryland.org

or visit us online at www.mdkiss.org



Maryland KISS Program

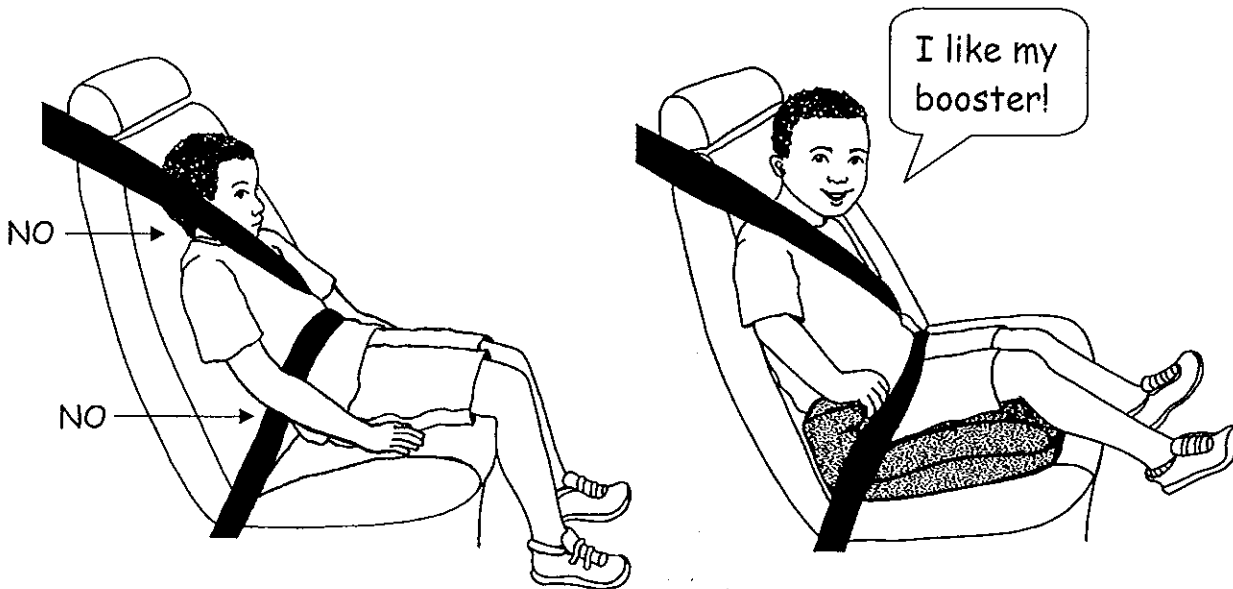
Larry Hogan,
Governor

Boyd Rutherford,
Lt. Governor
Van Mitchell,
Secretary, DHMH

Boosters Are For Big Kids

Most kids need to ride in a booster seat from about age 4 until age 10-12.

If your child isn't using a booster, try the simple test below the next time you ride together in the car. You may find that your child is not yet ready to use a safety belt without a booster.



The 5-Step Test

1. Does the child sit all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the auto seat?
3. Does the belt cross the shoulder between the neck and arm?
4. Is the lap belt as low as possible, touching the thighs?
5. Can the child stay seated like this for the whole trip?

If you answered "no" to any of these questions, your child needs a booster seat to make both the shoulder belt and the lap belt fit right for the best crash protection. Your child will be more comfortable, too!

For best protection, all children should ride in the back seat until they are ready to drive. It's twice as safe as the front seat.

SafetyBeltSafe U.S.A. P.O. Box 553, Altadena, CA 91003 www.carseat.org
310/222-6860, 800/745-SAFE (English) 310/222-6862, 800/747-SANO (Spanish)

SAMPLE



AGENCY LOGO

AGENCY NAME

Below are sample suggestions that may be incorporated within your agency standard operating procedures.

SECURITY AND STORAGE:

Criminal History Record Information (CHRI) files/records are filed in individual's folder and locked in a file cabinet out of public view.

ACCESS:

Only Human Resources Personnel, CEO's and Vice Presidents of agency are allowed access to the files when making hiring and termination decisions. Each individual accessing CHRI have had fingerprint supported background checks.

DISSEMINATION:

Only authorized agencies are allowed to view CHRI and personnel files. These agencies include:

Sample	MD State Department of Education (MSDE) -- Office of Child Care (OCC)
Agencies	Department of Health and Mental Hygiene (DHMH)
	Department of Aging (DOA)

Upon written request, employee/applicant (the subject of the file) may view their CHRI. If a copy is requested, "COPY" is written across the top of page.

All individuals whether employee or agency auditors are required to sign the dissemination log.

RETENTION and DESTRUCTION:

- All CHRI/personnel files are kept Number of years after termination and then destroyed by shredding in-house.
- All CHRI/personnel files are kept Number of years after termination and then destroyed by a company, Shred It. The shredding of files is witnessed by Human Resource personnel.
- All CHRI/personnel files are placed in archive within this agency.
- All personnel files are sent to a facility for storage. CHRI is removed prior to sending files to the off-site storage facility.

DISSEMINATION LOG

[illegible]



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name:

Date of birth: SSN: Gender: ☐ Male ☐ Female (Please check)

Height: ft. inches Weight: lbs. Eye Color: Hair Color:

Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other (Please check)

Place of Birth: Citizenship:

Current address:

City: State: ZIP Code: -

Daytime Phone: Evening Phone: Driver's License #:

AGENCY INFORMATION

Agency Authorization #:

ORI # (if required): MD004455Y Reason fingerprinted? CHILD CARE

Position Applied for:

Request Type: (Choose one ONLY)

- ☐ Adult Dependent Care
☐ Attorney/Client
☒ Child care
☐ Criminal Justice
☐ Gold Seal/ Adoption
☐ Gold Seal/Letter/VISA
☐ Government Employment

- ☐ Government Licensing or Certification
☐ Immigration/VISA
☐ Individual Challenge
☐ Individual Review
☐ MSP Licensing
☐ Private Party Petition
☐ Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:

Address:

City, State, Zip code:

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Name _____ Date _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

CHRI Security Awareness Training Log

Name	Agency	Date Trained
Jane Doe	XYZ Childcare	01/01/14

Maryland Department of Health and Mental Hygiene
Center for Healthy Homes and Community Services
Youth Camps
Critical Violation/Good Standing

COMAR 10.16.06.02B

(11) "Critical violation" means failure to comply with:

- (a) Regulation .07 of this chapter; (camp license)
- (b) Regulation .10 of this chapter; (uncorrected violations)
- (c) Regulation .21 of this chapter; (criminal background checks)
- (d) COMAR 10.16.07.03A(1) and (2); (health program signed & on-site)
- (e) A majority of the required procedures in COMAR 10.16.07.03A(4) and (5); (health program and medication procedures)
- (f) COMAR 10.16.07.04; (health supervisor)
- (g) COMAR 10.16.07.08A—C; (camper health record)
- (h) A majority of the required procedures in Regulation .34A of this chapter; (emergency procedures)
- (i) A majority of the required procedures in Regulation .35B of this chapter; (child abuse prevention)
- (j) Regulation .46A(1) and (2) of this chapter; (fire marshal and building code)
- (k) Regulation .47C and F(6)—(9) of this chapter; (aquatics program)
- (l) Regulation .48D(1) of this chapter; (riflery)
- (m) Regulation .49C of this chapter; (archery)
- (n) Regulation .50B of this chapter; (horseback riding)
- (o) Regulation .51B of this chapter; (other specialized activities)
- (p) Regulation .52A(1) and B(1) of this chapter; (trip plans)
- (q) A majority of the required procedures in Regulation .52A(2)—(5) of this chapter; (trip plans)
- (r) Regulation .53A(1) and (2) of this chapter; or (transportation plans)
- (s) Regulation .54 of this chapter. (routine supervision)

(16-1) "Good standing" means:

- (a) Compliance with the:
 - (i) Annual report and self-assessment submission requirements as specified in Regulation .06 of this chapter; and
 - (ii) Application procedure and fee requirements as specified in Regulation .08 of this chapter; and
- (b) A camp that in the previous calendar year paid the application fee as set forth in COMAR 10.01.17.02; and
- (c) Had no critical violations of this chapter found by the Department during an inspection:
 - (i) In the last 2 calendar years; or
 - (ii) For a camp in good standing, in the last calendar year that an inspection took place.



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

INTERPRETIVE MEMORANDUM

DATE: April 17, 2017

TO: Maryland Youth Camp Operators, Center for Healthy Homes and Community Services
Staff and Summer Inspectors

FROM: Joseph T. McKenzie, III, LEHS, REHS/RS, MPH, Chief
Center for Healthy Homes and Community Services

RE: COMAR 10.16.06.47F(8), Water Safety Rescuer

This memo summarizes the Department's review of our findings regarding materials provided from both the US Sailing Association and the American Canoeing Association on training for watercraft camp personnel and water rescue around the potential equivalence of this training to meet the training requirements specified in COMAR 10.16.06.47F(8): "[One] lifeguard or water safety rescuer who has lifeguard or rescuer certification appropriate for the watercraft site". After the review, we agree that the training content and materials do address the necessary safety issues. Therefore, the Department agrees that staff members who have successfully completed the following curriculum would meet the criteria in COMAR 10.16.06.47F(8):

1. US Sailing -- Small Boat Level 1 Instructor
2. American Canoeing Association -- Level 3: River Canoeing Instructor
3. American Canoeing Association -- Level 3: River Kayaking Instructor

Camps who can demonstrate that their staff members have successfully completed the appropriate training for the watercraft activity will be considered to be in compliance with this provision of the youth camps regulations, so long as they meet the following requirements:

1. At the time of inspection the camp provides appropriate documentation of successful completion of the appropriate training for the watercraft activity for each staff member who falls under the provision;
2. The number of staff so trained and designated is at least as great as the number specified in COMAR;
3. The camp is using the most current version of the applicable training curriculum; and
4. If the curriculum changes, US Sailing or the American Canoeing Association (or another entity representing watercraft camps) notifies the Department to permit a review of the modified curriculum.

This finding does not address other curricula or training materials that may be in use by other camps participating in watercraft activities. The Department reserves the right to review this decision in the future, based on changes in regulation, training materials, and the course content, or other circumstances.

Environmental Health Bureau

201 W. Preston Street, Baltimore, Maryland 21201
410-767-6742 • Fax 410-333-5995

6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202
410-767-8400 • Fax 410-333-8931

Toll Free 1-877-4MD-DHMH

TTY for Disabled Maryland Relay Service 1-800-735-2258

Web Site: <http://phpa.dhmh.maryland.gov>



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

**SELF-REGULATED CAMP
NOTICE OF RENEWAL**

April 24, 2017

CECIL COLLEGE
ATTN: TAMMY RAPPOSELLI
1 SEAHAWK DRIVE
NORTH EAST, MD 21901

RE: SELF-REGULATED CAMPS FOR
CECIL COLLEGE
107 RAILROAD AVE
ELKTON, MD 21921

Dear State or Local Government Camp Operator:

Enclosed is your Self-Regulated Camp Renewal Application along with a physical location sheet for each location operated by your organization. Please review the attached application and sheets, update any necessary information, copy and complete the blank sheet for each additional location and return the entire packet to our office as soon as possible and no later than May 31st. Mail the completed information to:

DHMH-Center for Healthy Homes and Community Services
6 St. Paul Street, Suite 1301
Baltimore, MD 21201

Once your application is processed you will receive an Acceptance Letter for each physical location your organization operates. Please post the appropriate Acceptance Letter at each physical location. The Acceptance Letters will include the specialized activities authorized for each particular physical location so be sure to include any specialized activities when updating the attached sheets.

Thank you for the timely submission of your Self-Regulated Camp Renewal Application. If you have any questions, please do not hesitate to contact the Center for Healthy Homes and Community Services at 410-767-8417.

Sincerely,

Joseph T. McKenzie, III, LEHS, REHS/RS, MPH, Chief
Center for Healthy Homes and Community Services

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Web Site: <http://phpa.dhmh.maryland.gov>

**SELF-REGULATED CAMP
NOTICE OF RENEWAL
CONTACT INFORMATION**

Business Information		Business ID#:	2	Corrections
FEIN	52-0908863			
Type	UNIT OF LOCAL GOVERNMENT			
Name	CECIL COLLEGE			
Address	107 RAILROAD AVE			
City	ELKTON			
State	MD			
Zipcode	21921			
Phone	410-392-3366			
Fax	410-398-4429			
Email	TBURBOROW@CECIL.EDU			

Mailing Information		Corrections
Contact	TAMMY RAPPOSELLI	
Address	1 SEAHAWK DRIVE	
Address		
City	NORTH EAST	
State	MD	
Zipcode	21901	

I have carefully examined and read this application and when operating, agree to comply with all applicable laws and regulations of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in an abatement order or closure order, or denial, suspension, or revocation of the youth camp acceptance letter. If you have questions, please call DHMH, Center for Healthy Homes and Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.

Signature: _____ Title: _____ Date: _____

Additional Physical Location

For Office Use
License

Location Name:	
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Type: (circle one)	Day	Residential
Address:		
City, State, Zipcode:		
Fax:		
Email:		

Director	Director Phone Numbers
Personnel Administrator	

Please check the appropriate box for each section of the facility.				
<u>Water Source</u>	<u>Sewage Disposal</u>	<u>Building Type</u>	<u>Food Service</u>	<u>Sleeping Facilities</u>
<input type="checkbox"/> On-Site Well	<input type="checkbox"/> On-Site	<input type="checkbox"/> School or Government Building	<input type="checkbox"/> Summer Lunch Program	<input type="checkbox"/> Cabins
<input type="checkbox"/> Public	<input type="checkbox"/> Public	<input type="checkbox"/> Private Building or Property	<input type="checkbox"/> Brought From Home	<input type="checkbox"/> Tents
		<input type="checkbox"/> Pavillion or No Building	<input type="checkbox"/> Prepared On-Site	<input type="checkbox"/> Other
		<input type="checkbox"/> Other	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<u>Portable Toilets</u>	<u>Privies</u>	<u>Child Care Center</u>	<u>Opening Date</u>	<u>Closing Date</u>
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES		
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO		
Add specialized activities, such as swimming, horseback riding, archery, etc for this physical site to the lists below.				

<u>Specialized Activity</u>	<u>Location</u>

<u>Specialized Activity</u>	<u>Location</u>